

SHORT-TERM RENTAL INSPECTION FORM

DATE: _____

Owner Name: _____

Complete Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of home (check one):

_____ Single-Family _____ Multi-Family _____ Accessory Dwelling Unit _____ Townhome/Condo

Is there an operable smoke detector in all rooms used for sleeping purposes? ____ Yes OR ____ No

If NO, HOW MANY ARE NEEDED: _____

Is there an operable carbon monoxide detector on each floor? ____ Yes OR ____ No

If NO, HOW MANY ARE NEEDED: _____

Does the STR have living or sleeping areas in a basement? ____ Yes OR ____ No

If YES, is there an acceptable egress window or exit system for the renter? ____ Yes OR ____ No

Is there a minimum of one operable fire extinguisher per floor (or more if deemed necessary during the inspection)? ____ Yes OR ____ No

IF NO, HOW MANY ARE NEEDED AND WHERE: _____

Inspection completed by:

Inspector Name: _____

Inspection Company: _____

Company Address: _____

Certified Inspector Member # and Expiration Date: _____

This dwelling complies with the requirements of Lakewood Ordinance 5.55 and is approved to be considered for licensure: ____ Yes OR ____ No

Inspector Signature

Date